MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-a)

CERTIFICATE OF DEATH

10867

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Grant Albarger

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Emily Albarger

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Apr 5 1874

8. AGE: Years 72 | Months 7 | Days 7 | If less than one day: hrs. min.

9. Birthplace: Denton (Town, county, and state)

10. Usual occupation: Fisherman

11. Industry or business: Fish

FATHER — 12. Name: Jacob Albarger

FATHER — 13. Birthplace: Denton Md

MOTHER — 14. Maiden name: Sarah Berry

MOTHER — 15. Birthplace: Denton

16. Informant: Mrs. Grant Albarger

Address: Denton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15 1946 (month) (day) (year)

Cemetery or crematory: Denton

Location: Denton Md

18. Funeral director: Virgil Runnette Son

Address: Denton, Md.

19. 11/15 1946 Mrs D O George Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1946 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1st 1946 to November 12 1946

and that I last saw h... alive on Nov. 9 1946

Immediate cause of death	DURATION
Carcinoma of oesophagus	6 wks ±
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edward Trotta M D M. D. or other

Address: Denton Md Date signed 11/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-3J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

CERTIFICATE OF DEATH

* 10868

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Rural, Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Rural, Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Walter Beauchamp

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Winnie Griffith Beauchamp

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Dec. 31, 1878

8. AGE:

Years	Months	Days	If less than one day
71	10	13	...hrs. ...min.

9. Birthplace: Concord, Caroline, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Beauchamp
13. Birthplace: Concord, Md.

MOTHER
14. Maiden name: Elizabeth Horsey
15. Birthplace: Concord, Md.

16. Informant: Mrs. Winnie Beauchamp
Address: Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16, 1946 (month) (day) (year)

Cemetery or crematory: Denton

Location: Denton, Md.

18. Funeral director: J. Virgil Meares & Son

Address: Denton, Md.

19. Nov. 15 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14 1946 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1946, to Nov 14 1946

and that I last saw him alive on Nov 14 1946

Immediate cause of death	DURATION
Due to Carcinoma of Liver	6 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Thurston D. George, M. D. or other

Address: Denton Date signed: 11/15/46

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

2

★ 10869

Reg. Dist. No. 64 O

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:
Concord

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. River Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Annie E. Clark

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife William H. Clark

6.(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) July 26, 1873

8. AGE:	Years	Months	Days	If less than one day
	73	3	10	...hrs. ...min.

9. Birthplace Sweaburg Ontario Canada
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Joseph N. Long
13. Birthplace England

MOTHER
14. Maiden name Elizbeth Carr
15. Birthplace Canada

16. Informant William H. Clark

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 8, 1946 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. S. Frampton and Son

Address Federalsburg, Maryland

19. November 6 1946 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1946, at 2:40 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/6 1946 to 11/6 1946 and that I last saw h.e.[illegible] alive on 11/6 1946

	DURATION
Immediate cause of death Coronary Thrombosis	2 hr.
Due to Chronic Myocarditis	5 yrs.
Hypertension	5 yrs.
Due to	
Other conditions Diabetes	10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M Anderson M.D.
M. D. or other

Address Federalsburg, Md. Date signed 11/6/46

I-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

★ 10870

Reg. Dist. No. 660

1. PLACE OF DEATH:
County Caroline
City or town Henderson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 44 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Caroline
City or town Henderson
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME W. Foster Clark.

3. (b) Social Security Number 222-09-8304

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Addie
6.(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) Dec. 13, 1878

8. AGE: Years	Months	Days	If less than one day
68	11	7	...hrs. ...min.

9. Birthplace Templeville Md.
(Town, county, and state)
10. Usual occupation Insurance Agent
11. Industry or business

FATHER
12. Name William Clark
13. Birthplace Md.

MOTHER
14. Maiden name Anna Smith
15. Birthplace Md

16. Informant Mrs. Addie Clark.
Address Henderson Md.
17. Burial (Burial, cremation, or removal, which?) Date thereof Nov. 23, 1946 (month) (day) (year)
Cemetery or crematory Greensboro.
Location Greensboro Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro Md.
19. 11/19 1946 (Date rec'd by registrar) A. C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1946, at 7 00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~11/9~~ 1929 to 11/19 1946
and that I last saw him alive on 11/19 1946

Immediate cause of death	DURATION
Exhaustion	30 Days
Due to Polycythemia Vera	17 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A B Silver M. D. or other
Address Goldsboro Date signed 11/21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

2-35

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

CERTIFICATE OF DEATH

★ 10871

Reg. Dist. No. 64 0

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 years

Hospital, institution, or street address where death occurred:

Denton Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Denton Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Victor Dean

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Theela G. Dean

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 26, 1881

8. AGE: Years	Months	Days	If less than one day
65	3	6	hrs. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Secretary - Treasurer

11. Industry or business Denton Production Credit Association

FATHER 12. Name James A. Dean

FATHER 13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Margaret Andrews

MOTHER 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Victor Dean

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 5 1946 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. November 5 1946 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1946, at 11:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 1946 to Nov 2 1946

and that I last saw h.i.m.k. alive on Nov 2 1946

Immediate cause of death	DURATION
Coronary Thrombosis	6 hrs.
Due to Chronic Myocarditis	5 yr.
Due to	
Other conditions Obesity	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D. M. D. or other

Address Federalsburg Md Date signed 11/5/46

MARYLAND STATE DEPARTMENT OF HEALTH

10872

2411 N. Charles St., Baltimore (25-8)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 61

1. PLACE OF DEATH:
County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Isabelle E Clwanger

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Married

6.(b) Name of husband or wife Freeborn
6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 16 - 1894

8. AGE: Years	Months	Days	If less than one day
52	3	19	hrs. min.

9. Birthplace Henderson Caroline Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Carrow
13. Birthplace Del.

MOTHER
14. Maiden name Belle Bise
15. Birthplace Penna.

16. Informant Freeborn E Clwanger
Address Greensboro Rural

17. Burial. Date thereof 11/9/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greensboro
Location Greensboro Md.

18. Funeral director Raymond B. Rawlings
Address Greensboro, Md.

19. Nov 8 1946 L Mae Peppin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1946, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1946, to Nov. 6 1946
and that I last saw h er alive on Nov 5 1946

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Rheumatic Cardio-Vascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clark A. Houseman M.D.
M. D. or other
Address Greensboro Md. Date signed 11-7-1946

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9350

CERTIFICATE OF DEATH

10873

Reg. Dist. No. 640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred: 212 Academy Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Bethel

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Elisha H. Harper

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Annie E. Harper

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 4, 1860

8. AGE:

Years	Months	Days	If less than one day
86	4	23	...hrs. ...min.

9. Birthplace: Near Reliance, Maryland (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: Farm

FATHER — 12. Name: John Harper

FATHER — 13. Birthplace: Dorchester County, Maryland

MOTHER — 14. Maiden name: Elizabeth Lankford

MOTHER — 15. Birthplace: Dorchester County, Maryland

16. Informant: Kemp L. Harper

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: November 30 1946 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Near Federalsburg, Maryland

18. Funeral director: J.J. Frampton and Son

Address: Federalsburg, Maryland

19. Nov. 29th 1946 (Date rec'd by registrar) J.J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1946, at 9:33 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15th 1946, to Nov 27th 1946 and that I last saw h.l. alive on Nov 27th 1946

Immediate cause of death: Chronic Myocarditis — DURATION 5 yrs.

Due to: Cerebral Embolism — 1 yr.

Due to:

Other conditions: Chronic malnutrition — 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D. (M. D. or other)

Address: Federalsburg Md Date signed 11/29/46

1-35

10874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH
County: Caroline
City or town: Henderson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Henderson Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Samuel Hudson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6.(b) Name of husband or wife: Lucy B.
6.(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.): Feb. 7 - 1854

8. AGE:

Years	Months	Days	If less than one day
92	9	20	....hrs. ....min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: Samuel Hudson
13. Birthplace: Md.

MOTHER
14. Maiden name: No Record.
15. Birthplace: No Record.

16. Informant: Hugh Hudson
Address: Sudlersville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1, 1946 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. 12/1 1946 A.A. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28 1946, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 19.. to 11/26 1940
and that I last saw him alive on 11/26 1940

	DURATION
Immediate cause of death: Uraemia	10 Days
Due to: Cardio Renal Vascular Changes	4 yrs
Due to:	
Other conditions: Senility & Age	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W D Silver M. D. or other
Address: Goldsboro Date signed: 11/30/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1970)

CERTIFICATE OF DEATH

10875

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Florence Lucile Fleetwood

3.(b) Social Security Number:

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Ida Bell Longfellow

6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): May 18th 1855

8. AGE: Years: 91 Months: 6 Days: 12 If less than one day: hrs. min.

9. Birthplace: Ellinsville, Del.

(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business:

FATHER 12. Name: Alex Fleetwood

13. Birthplace: Del

MOTHER 14. Maiden name: Lydia Harrington

15. Birthplace: Del

16. Informant: Mrs. Lydia Reredin

Address: Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-1-46 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery

Location: Greenlawn Md

18. Funeral director: J. Virgil Lawson & Son

Address: Denton, Md.

19. 11/30 1946 (Date rec'd by registrar) Mrs. D. Jester Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 29 1946, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1946 to Nov 29 1946 and that I last saw h alive on Nov 29 1946

	DURATION
Immediate cause of death	
Due to Cardio Vascular Renal disease	6 Mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dawson C. George M. D. or other

Address: Denton Date signed 11/30/46

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10876

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Walter Bryant Long

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	married

6.(b) Name of husband ~~or wife~~

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 12th 1867

8. AGE: Years	Months	Days	If less than one day
79	1	28	....hrs. ....min.

9. Birthplace Near Denton, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William Long

13. Birthplace Near Denton, Md.

MOTHER 14. Maiden name Mary Pleasanton

15. Birthplace Near Denton, Md.

16. Informant Redmond Long

Address Rd. 4 Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 11-11-46 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton, Md.

18. Funeral director J. Virgil Thomas

Address Denton, Md.

19. 11/11 1946 (Date rec'd by registrar) M D Long Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9th 1946, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1941, to Nov. 9 1946 and that I last saw h.. alive on Nov. 8. 1946

Immediate cause of death	DURATION
Arteria sclerosis -	6 yrs.
grippe -	2 Days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Paul Watts M.D. M. D. or other

Address Denton Md. Date signed 11/10/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10877

CERTIFICATE OF DEATH

Reg. Dist. No. 62 0

1. PLACE OF DEATH:
County: Caraline
City or town: Dention RFD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28yeaRS
Hospital, Institution, or street address where death occurred: RFD
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Denton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Donald MacDonald

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Elizabeth MacDonald
6.(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): January 27, 1912

8. AGE: Years	Months	Days	If less than one day
34	9	12	hrs. min.

9. Birthplace: Philadelphia, Pa.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: "

FATHER
12. Name: Dugald MacDonald
13. Birthplace: Scotland

MOTHER
14. Maiden name: Elizabeth E. Locke
15. Birthplace: Ireland

16. Informant: Mrs. Donald MacDonald
Address: Denton RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12, 1946 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Md.
18. Funeral director: Harvey Williams
Address: Federalsburg, Md.

19. Nov 12 1946 (Date rec'd by registrar) Mrs O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1946 at 11-30P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 5 1946 to Nov. 9 1946
and that I last saw h[illegible] alive on Nov. 9 1946

Immediate cause of death	DURATION
Acute asthma	4 days
Due to Bronchitis	10 days
Due to Anemia	2 mos.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dawson O George M. D. or other
Address: Denton Date signed: 11/12/46

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

★ 10878

Reg. Dist. No. 630

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, Institution, or street address where death occurred:

Jonestown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County County of Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Jonestown

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Leon Priester

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 6, 1945

8. AGE: Years	Months	Days	If less than one day
1	0	17	...hrs. ...min.

9. Birthplace Chester, Pennsylvania

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

FATHER

12. Name Moses Priester

13. Birthplace Fairfax, South Carolina

MOTHER

14. Maiden name Rosa Lee Farmer

15. Birthplace Matthews, Georgia

18. Informant Mrs. Moses Priester

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 25 1946 (month) (day) (year)

Cemetery or crematory Bethlehem Cemetery

Location Bethlehem, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Nov 24 1946 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1946, at 6:45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 23 1946 to November 23 1946 and that I last saw him alive on November 23 1946

Immediate cause of death Bronchopneumonia

DURATION: 24hrs

Due to Nutritional Anemia cause undetermined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Cornelia D. Plummer M. D. or other

Address Preston Maryland Date signed 11/24/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

1 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

* 10879

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Harvey Everett Rinehalt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9th 1878

8. AGE: Years 68 | Months 9 | Days 20 | If less than one day ... hrs. ... min.

9. Birthplace Rinehalt Station Pa. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Rinehalt

13. Birthplace Penn.

MOTHER 14. Maiden name Lucy Ann Everett

15. Birthplace Penn.

16. Informant Mrs. Harvey Rinehalt

Address Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-14-46 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton. Md.

18. Funeral director J. Virgil Emory & Son

Address Denton. Md.

18. 11-14 1946 M D Young Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11th 1946, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1942, to Nov 11 1946

and that I last saw him alive on Nov. 11 1946

Immediate cause of death	DURATION
Hypertensive - cardio renal disease	10 years.
Due to	
Due to	
Other conditions Revised Left Hemiplegia	1936

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Paul Knotts M D

M. D. or other

Address Denton Md Date signed Nov 14-1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-3 J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10880

CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred: 105 Academy Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Jethro Robinson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 7 1872

8. AGE:	Years	Months	Days	If less than one day
	74	3	18	..... hrs. ..... min.

9. Birthplace: Shaftsburg Md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Melvin Robinson
13. Birthplace: Md

MOTHER
14. Maiden name: Laura E. Bradley
15. Birthplace: Md

16. Informant: Nellie Voss
Address: Federalsburg, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 11-23-46 (month) (day) (year)
Cemetery or crematory: M. P. Cemetery
Location: Shaftsburg

18. Funeral director: Shaffer or Bost
Address: Shaftsburg, Md.

19. November 22 1946 (Date rec'd by registrar) J. J. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/21 1946, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/20 1946 to 11/21 1946 and that I last saw ... alive on 11/21 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 hrs.
Due to: Chronic Hypertension	5 yr.
Due to:	
Other conditions: Chronic nephritis	5 yr.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: J. M. Anderson M. D. or other
Address: Federalsburg Md Date signed 11/21/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-a)

CERTIFICATE OF DEATH

10881

★ Reg. Dist. No. 6-1

1. PLACE OF DEATH:
County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 49 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Josephine Anna Schreiber

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widowed

6.(b) Name of husband or wife George
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May. 6 - 1879

8. AGE: Years	Months	Days	If less than one day
67	6	21	..... hrs. ..... min.

9. Birthplace Alsace Lorraine France
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business ✓

MOTHER FATHER
12. Name August Brogley
13. Birthplace France
MOTHER
14. Maiden name Josephine Kirchoff
15. Birthplace France

16. Informant Lawrence Schreiber
Address Greensboro, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/30/46 (month) (day) (year)
Cemetery or crematory Holy Cross
Location Near Greensboro
16. Funeral director Raymond B. Rawlings
Address Greensboro, Md.
19. Nov 30 1946 (Date rec'd by registrar) L. McLippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1946, at 7.25 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1946, to Nov. 27 1946
and that I last saw h.er alive on Nov. 27 1946.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 da
Due to Essential Hypertension	5 Yrs.
Due to	
Other conditions T.B. Tr.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clark B. Towson Jr M.D.
M. D. or other
Address Greensboro, Md. Date signed 11-29-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15-D)

CERTIFICATE OF DEATH

* 10882

Reg. Dist. No. 620

1. PLACE OF DEATH:
County: Caroline
City or town: Denton, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Louise Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

B.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 31, 1881

8. AGE: Years: 65 | Months: 2 | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Denton, Caroline, Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Nathaniel Taylor
13. Birthplace: Denton, Md

MOTHER
14. Maiden name: Roxy Boston
15. Birthplace: Denton, Md.

16. Informant: Annie Taylor
Address: Denton, Maryland

17. (Burial, cremation, or removal. Which?) Burial — Date thereof: Nov 17, 1946 (month) (day) (year)
Cemetery or crematory: Denton Colored
Location: Denton, Maryland

16. Funeral director: L. Virgil Henderson
Address: Denton, Maryland

19. 11/16 1946 (Date rec'd by registrar) Wm D Jump Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12 1946 at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Exposure — Mentally	10 days
Due to defect —	
wonder off in woods. Frame	
Due to entangled in logs, body	
was not discovered for 2 wks —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Henderson & George
Deputy Medical Examiner M. D. or other
Address: Denton Md Date signed: 11/16/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-D)

CERTIFICATE OF DEATH

10883

600

Reg. Diat. No.

1. PLACE OF DEATH:
County: Caroline
City or town: Henderson Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? ~

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna County: Delaware
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 20 Flowers St.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: James Emory Thomas

3. (b) Social Security Number: 195039819

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	B.	Married

6.(b) Name of husband or wife: Viola
6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): June 22 - 1900

8. AGE: Years	Months	Days	If less than one day
46	5	0	...hrs. ...min.

9. Birthplace: Marydel Caroline Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: ~

MOTHER FATHER
12. Name: James Thomas
13. Birthplace: Maryland
14. Maiden name: Linda Silvia
15. Birthplace: Maryland

16. Informant: Mrs. Viola Thomas
Address: 20 Flowers St Chester, Pa.

17. Burial — Date thereof: 11/26/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Mt. Zion
Location: Near Henderson, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. 11/25 19 46 A E Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 19 46 at 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/22 19 46 to 11/22 19 46 and that I last saw ... alive on 11/22 19 46

Immediate cause of death: Cerebral Hemorrhage — DURATION: 7 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: ... Injured at work?

23. SIGNATURE: V. J. Selver M. D. or other
Address: Goldsboro Md. Date signed: 11/23/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

2-35

MARGIN RESERVED FOR BINDING

NOTE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND
CERTIFICATE OF DEATH

10884

Registration Dist. No. 62

1 PLACE OF DEATH

County Caroline

Village or Near Denton (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph B Tyatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 22nd (Month) (Day), 1868 (Year)

7 AGE: 78 yrs. 2 mos. 9 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Near Denton, Md.

PARENTS

10 NAME OF FATHER: John B Tyatt

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ann Morgan

13 BIRTHPLACE OF MOTHER (State or Country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Tyatt

(Address) Rd. Denton Md

15 Filed 11/23 1946 Wm D.D George Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 21st (Month) (Day), 1946 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 1946 to Nov 21, 1946 that I last saw h[illegible] alive on Nov 16, 1946 and that death occurred on the date stated above, at 2A m.

The CAUSE OF DEATH * was as follows:

Coronary Thrombosis

(Duration) ____ yrs. 1 mos. ____ ds.

Contributory Secondary ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Amron George M. D.

Nov. 23 1946 (Address) Denton

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Denton Cemetery

DATE OF BURIAL: Nov 24th 1946

20 UNDERTAKER: J. Virgil Moore

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.